

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90067 050 \*\*\*150.00

DOCUMENT # J52770

1. Corporation Name

COLEMAN & COLEMAN REALTY CORP.

Principal Place of Business

665 NE 83RD TERRACE  
APT. 104  
MIAMI FL 33138  
US

Mailing Address

665 N.E. 83RD TERR.  
APT. 104  
MIAMI FL 33138  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1987

4. FEI Number

59-2765301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 665 NE 83RD TR

Suite, Apt. #, etc.

22 # 104

City & State

23 MIAMI DAD-FL

Zip

24 33138

Country

25 us

2a. Mailing Address

26 665 NE 83RD TR

Suite, Apt. #, etc.

27 # 104

City & State

28 MIAMI DAD-FL

Zip

29 33138

Country

30 us

9. Name and Address of Current Registered Agent

GAYLE, LUTHER

665 N.E. 83RD TERRACE # 104  
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

LUTHER N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GAYLE, LUTHER

STREET ADDRESS 665 N.E. 83RD TERRACE

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with addresses with all other like empowered.

SIGNATURE:

LUTHER GAYLE, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

Date

305 758 6003

Daytime Phone #

CR2E034 (11/98)

0203594